

<i>SERFF Tracking Number:</i>	<i>SHLI-127839410</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Shelter Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50313</i>
<i>Company Tracking Number:</i>	<i>03L10411</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.203 Specified Age or Duration - Single Premium - Single Life</i>
<i>Product Name:</i>	<i>Junior Special Conversion Application</i>		
<i>Project Name/Number:</i>	<i>JS Conv App/L10410</i>		

Filing at a Glance

Company: Shelter Life Insurance Company

Product Name: Junior Special Conversion Application SERFF Tr Num: SHLI-127839410 State: Arkansas

TOI: L04I Individual Life - Term SERFF Status: Closed-Approved-Closed State Tr Num: 50313

Sub-TOI: L04I.203 Specified Age or Duration - Single Premium - Single Life Co Tr Num: 03L10411 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird
 Authors: Dina Krofta, Berdetta Moore Disposition Date: 11/28/2011
 Date Submitted: 11/21/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: JS Conv App	Status of Filing in Domicile: Pending
Project Number: L10410	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 11/28/2011
	State Status Changed: 11/28/2011
Deemer Date:	Created By: Berdetta Moore
Submitted By: Berdetta Moore	Corresponding Filing Tracking Number: 03L10411

Filing Description:

Life insurance application used only to apply for conversions on Term to Age 26 policies. This form will only be used by our sales agents for applications submitted electronically to our Home Office. Before the application is submitted, agents will give applicants a printed copy of the application for their review. Once the application data is verified, agents will obtain a wet signature from the applicant and send the signature page to our Home Office. A full, signed copy of the application will be included with the policy.

SERFF Tracking Number:	SHLI-127839410	State:	Arkansas
Filing Company:	Shelter Life Insurance Company	State Tracking Number:	50313
Company Tracking Number:	03L10411		
TOI:	L041 Individual Life - Term	Sub-TOI:	L041.203 Specified Age or Duration - Single Premium - Single Life
Product Name:	Junior Special Conversion Application		
Project Name/Number:	JS Conv App/L10410		

Company and Contact

Filing Contact Information

Berdetta Moore, Actuarial Administrative Assistant	blmoore@shelterinsurance.com
1817 W. Broadway	573-214-4832 [Phone]
Columbia, MO 65203	573-214-6942 [FAX]

Filing Company Information

Shelter Life Insurance Company	CoCode: 65757	State of Domicile: Missouri
1817 W. Broadway Street	Group Code: 123	Company Type: Life and Health
Columbia, MO 65203	Group Name:	State ID Number:
(800) 743-5837 ext. [Phone]	FEIN Number: 43-0740882	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	\$50.00 Missouri Retalitory Fee.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Shelter Life Insurance Company	\$50.00	11/21/2011	53941267

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<i>Company Tracking Number:</i>	<i>03L10411</i>		
<i>TOI:</i>	<i>L041 Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L041.203 Specified Age or Duration - Single Premium - Single Life</i>
<i>Product Name:</i>	<i>Junior Special Conversion Application</i>		
<i>Project Name/Number:</i>	<i>JS Conv App/L10410</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/28/2011	11/28/2011

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<i>Product Name:</i>	<i>Junior Special Conversion Application</i>		
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Disposition

Disposition Date: 11/28/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Drop Down Answers		Yes
Form	Junior Special Conversion Application		Yes

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Form Schedule

Lead Form Number: L-969

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	L-969	Application/ Junior Special Enrollment Conversion Form Application	Initial		57.600	L-969 AR Jr Spec Conversion Application.pdf



SHELTER LIFE INSURANCE COMPANY

1817 WEST BROADWAY, COLUMBIA, MISSOURI 65218-0001

Junior Special Conversion Application

Agent Name:
Agent Number:
Applicant's Family Number:

Personal Information

1. Name: Gender: SSN:
2. Birth Date: Age:
3. Physical Address: County:
3a. Mailing Address: County:
4. Have you used tobacco in any form in the last 12 months? Yes ☐ No ☐

Coverage Information

5. Policy Number being converted: Face Amount of original policy:
6. Plan: Specified Amount:
7. Accidental Death*: AD Amount: Waiver of Monthly Deduction:
8. Guaranteed Insurability Rider: Amount:
9. Option: ☐ New Policy ☐ Increase to UL Policy #
10. Target Premium: Planned Premium: Planned premium after increase:

* If the Insured wants the Accidental Death benefit, a regular application must be completed to provide evidence of insurability.

11. Payment Mode: Premium with application:
11a. Details:

Coverage Information

5. Policy Number being converted: Face Amount of original policy or rider:
6. Plan: Face Amount:
7. Waiver of Premium: Accidental Death*: AD Amount:
8. Guaranteed Insurability Rider: Amount:
9. Automatic Premium Loan: Dividend Option: Mode Premium:
10. Paid-Up Additional Insurance Rider Amount**: Paid-Up Additional Insurance Rider Amount**:

* If the Insured wants the Accidental Death benefit, a regular application must be completed to provide evidence of insurability.

** Based on the amount of the Paid-Up Additional Insurance Rider, the Home Office will determine if an application is needed to provide evidence of insurability.

11. Payment Mode: Premium with application: PUA Rider Prem. Collected:
11a. Details:

Policy Information

- 12a. Primary Beneficiary:
12b. Contingent Beneficiary:
12c. Payor:
12d. Owner:
12e. Successor Owner:

Signatures/Declaration

The statements and answers given on this application are true and complete to the best of my knowledge and belief.
I agree that these statements and answers will form the basis of any insurance issued on this application.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Dated this _____ day of _____ at _____
Month Year Time ☐ A.M. ☐ P.M. in the city of _____ State of _____

Signature of Insured

Signature of Owner, if other than Proposed Insured

Owner's Social Security Number

Print Name of Writing Agent

Signature of Writing Agent

Agent's Number

<i>SERFF Tracking Number:</i>	<i>SHLI-127839410</i>	<i>State:</i>	<i>Arkansas</i>
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR CERTIFICATION - Copy.pdf		
Satisfied - Item: Application Comments: Attachment: L-969 AR Jr Spec Conversion Application.pdf		
Bypassed - Item: Life & Annuity - Acturial Memo Bypass Reason: Not applicable. This is an application. Comments:		
Satisfied - Item: Drop Down Answers Comments: Attachment: Drop Downs - Jr Spec Conversion.xls		



SHELTER INSURANCE COMPANIES

SHELTER MUTUAL
SHELTER GENERAL
SHELTER LIFE

CERTIFICATION

I, Dina C. Krofta, FSA, MAAA, herby certify that we have reviewed our processes regarding Ark. Code Ann. 23-79-138, Bulletin 6-87 and Bulletin 11-88 and found them to be in compliance. We have also reviewed our procedures and are in compliance with Regulation 49 and Regulation 19§10B.

<u>Form No.</u>	<u>Name</u>	<u>Score</u>
L-968	Junior Special Conversion Application	57.6

**Dina C.
Krofta**

Digitally signed by Dina C. Krofta
DN: cn=Dina C. Krofta, o=Shelter Life
Insurance Company, ou=Shelter Life
Insurance Company,
email=dkrofta@shelterinsurance.com,
c=US
Date: 2011.11.21 13:08:45 -06'00'

Signed _____
Dina C. Krofta, FSA, MAAA
Senior Life Actuary
Shelter Life Insurance Company



SHELTER LIFE INSURANCE COMPANY

1817 WEST BROADWAY, COLUMBIA, MISSOURI 65218-0001

Junior Special Conversion Application

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I agree that these statements and answers will form the basis of any insurance issued on this application.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Dated this _____ day of _____ at _____
Month Year Time ☐ A.M.
☐ P.M. in the city of _____ State of _____

Signature of Insured

Signature of Owner, if other than Proposed Insured

Owner's Social Security Number

Print Name of Writing Agent

Signature of Writing Agent

Agent's Number
